



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2020:35**

Reporting for the week ending 08/29/20 (MMWR Week #35)

**September 4th, 2020**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

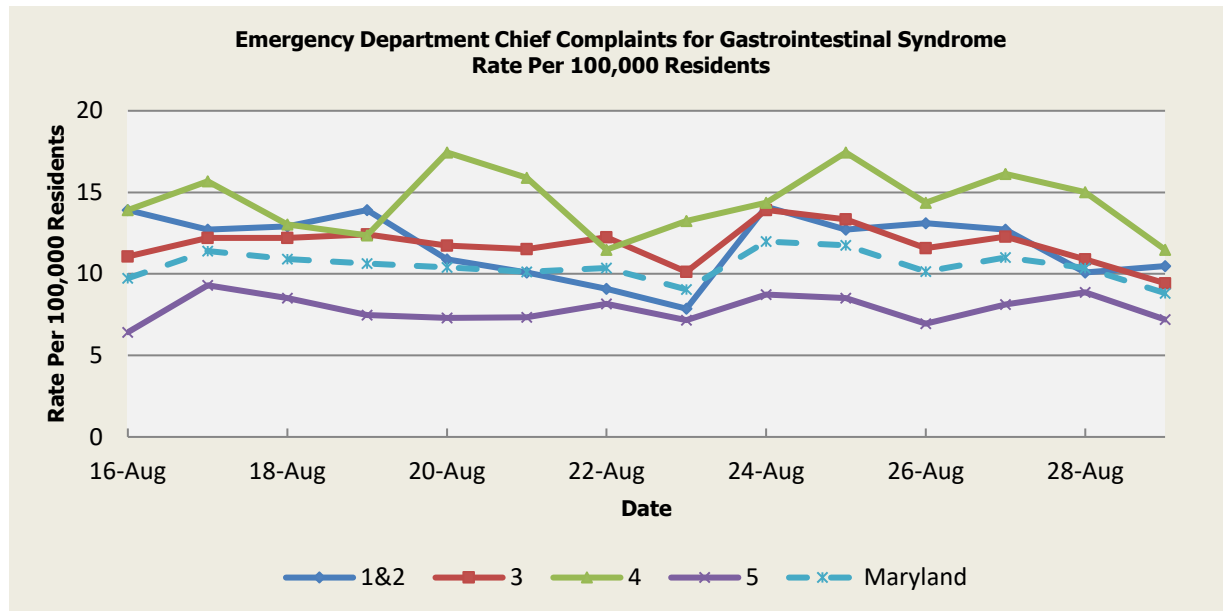
**Maryland:** **ENHANCED** (MEMA status)

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



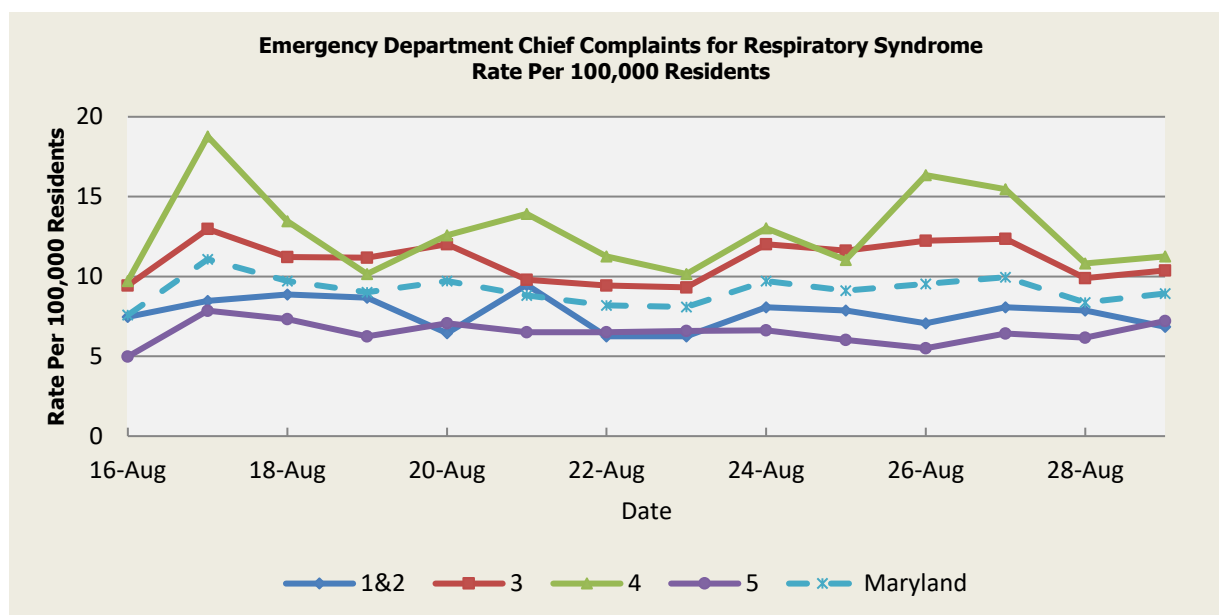
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.25	14.92	15.86	10.18	13.04
Median Rate*	13.11	14.76	15.46	10.13	12.98

*\* Per 100,000 Residents*

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## Respiratory Syndrome



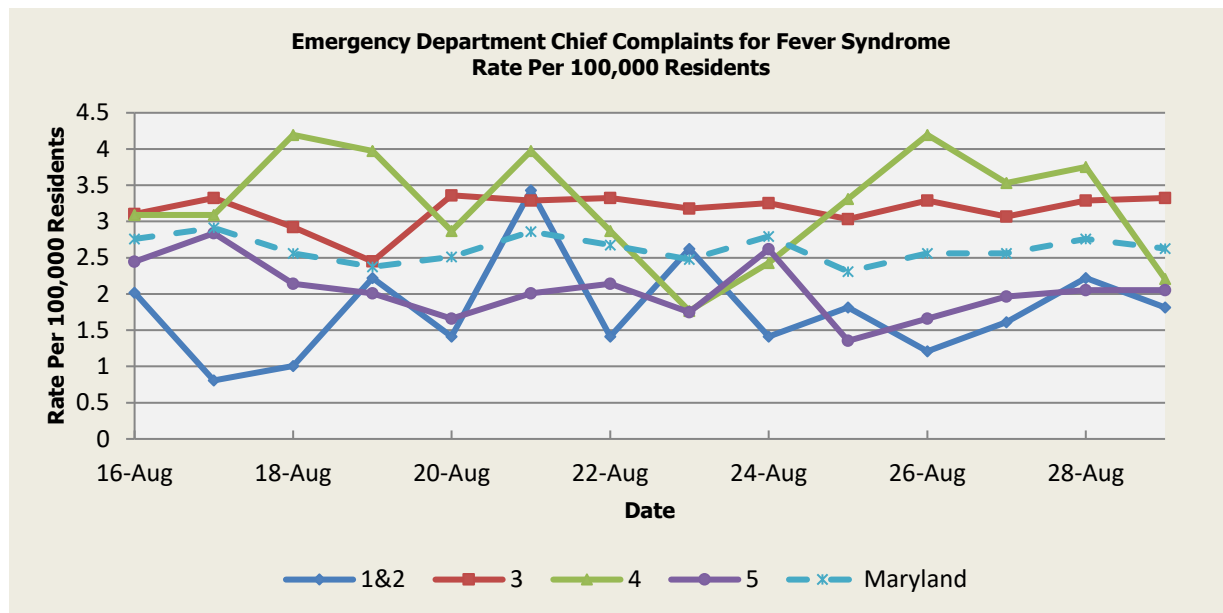
There were fifty-nine (59) Respiratory Syndrome outbreaks reported this week: nine (9) outbreaks of COVID-19 in Assisted Living Facilities (Regions 3,5), three (3) outbreaks of COVID-19 in Correctional Facilities (Regions 3,4), seven (7) outbreaks of COVID-19 in Daycare Centers (Regions 3,5), one (1) outbreak of COVID-19 in a Dialysis Facility (Region 3), eleven (11) outbreaks of COVID-19 in Group Homes (Regions 3,4,5), three (3) outbreaks of COVID-19 in Hospitals (Region 3), eighteen (18) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 in a Religious Organization (Region 5), two (2) outbreaks of COVID-19 in Shelters (Region 3), one (1) outbreak of COVID-19 in a Substance Abuse Treatment Program (Region 3), two (2) outbreaks of COVID-19 in Workplaces (Region 3), one (1) outbreak of COVID-19 in an Outpatient Office (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.50	14.82	15.19	10.05	12.83
Median Rate*	12.10	14.18	14.35	9.65	12.28

\* Per 100,000 Residents

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## Fever Syndrome



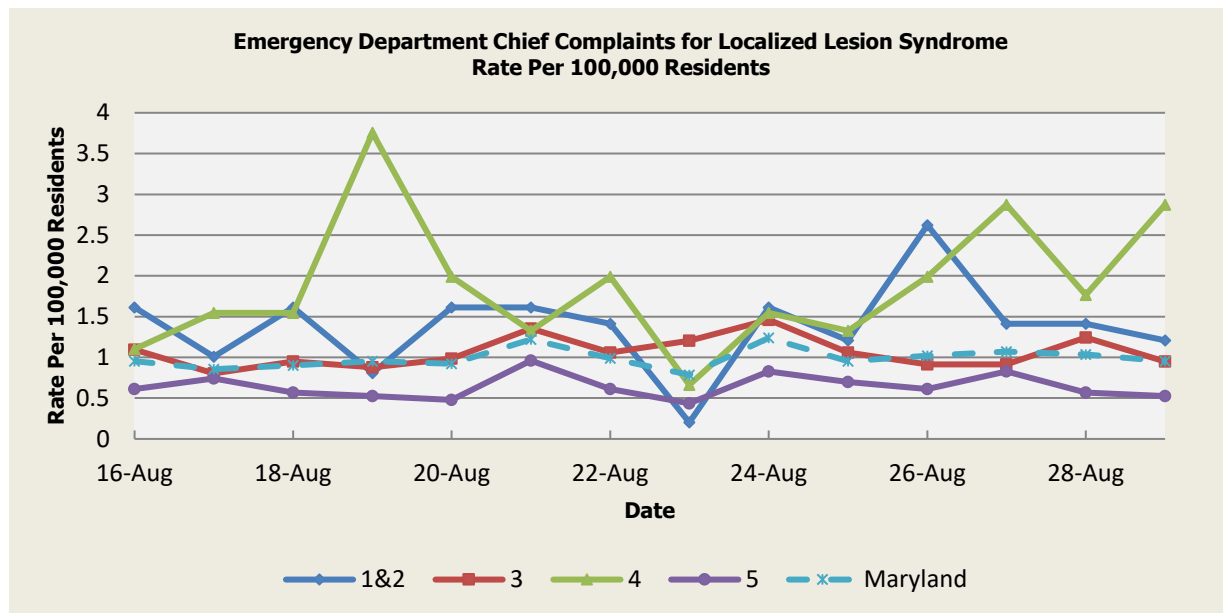
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.92	4.14	3.05	3.53
Median Rate*	3.02	3.76	3.97	2.92	3.40

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



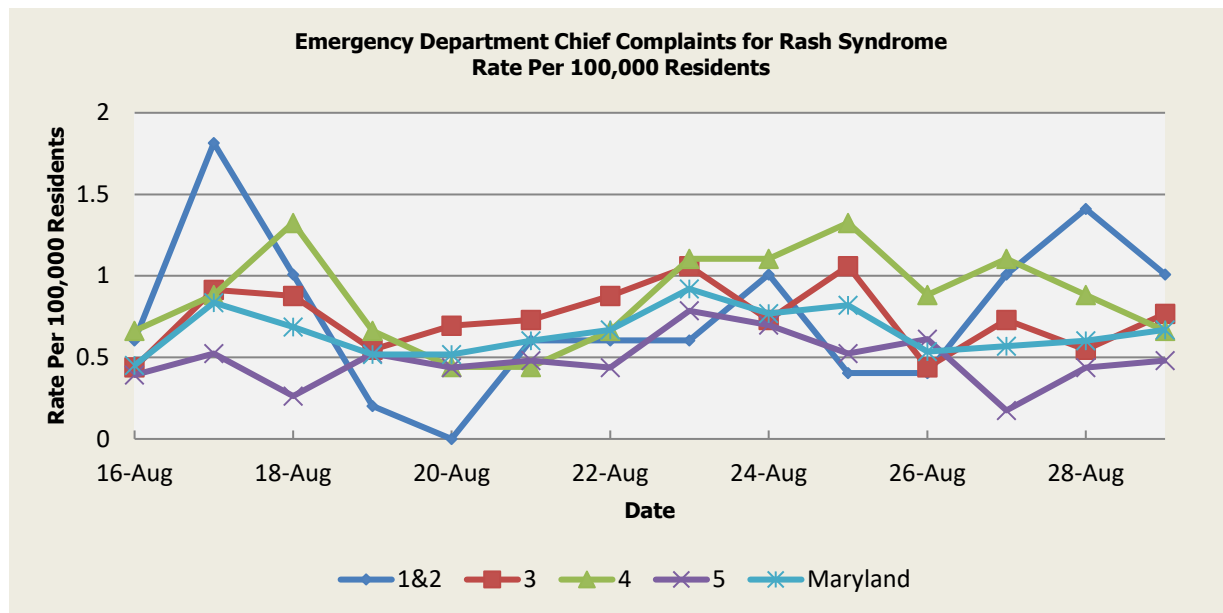
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.72	2.00	0.88	1.37
Median Rate*	1.01	1.68	1.99	0.83	1.32

\* Per 100,000 Residents

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## Rash Syndrome



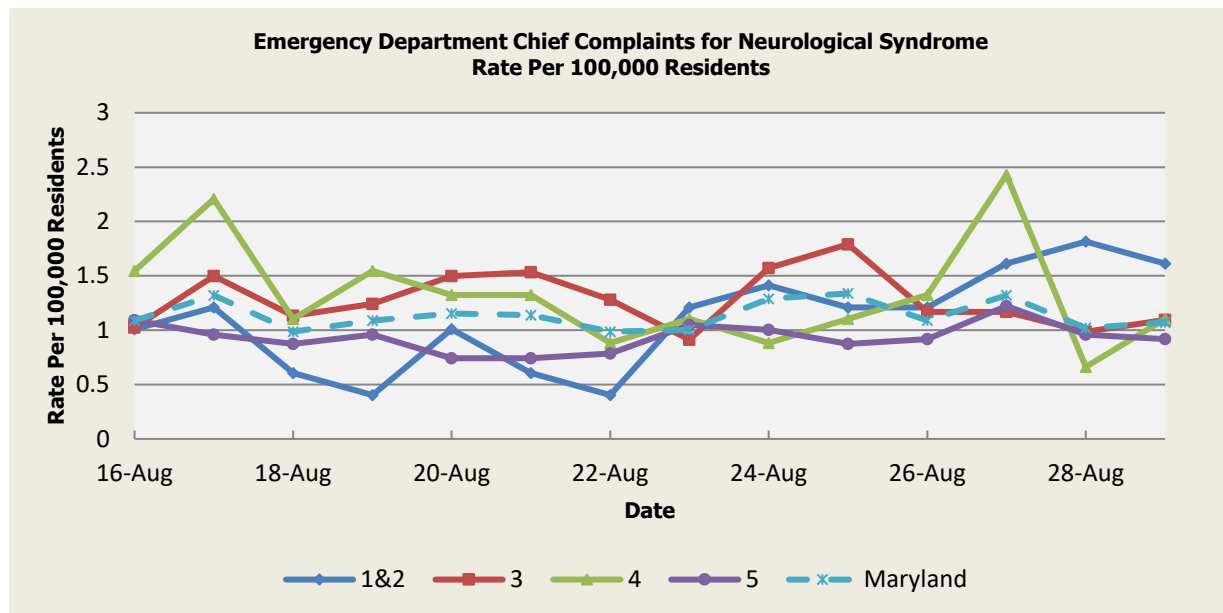
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.62	1.70	0.94	1.33
Median Rate*	1.21	1.57	1.55	0.92	1.29

\* Per 100,000 Residents

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## Neurological Syndrome



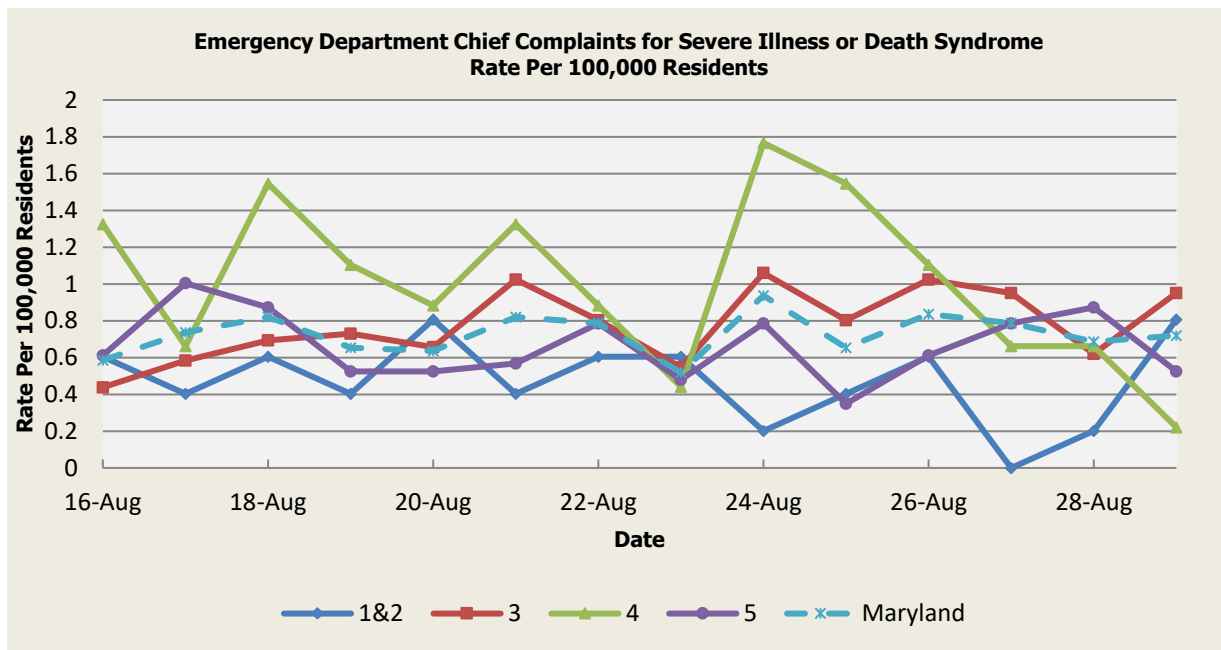
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	1.00	0.92	0.64	0.84
Median Rate*	0.81	0.95	0.88	0.57	0.79

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

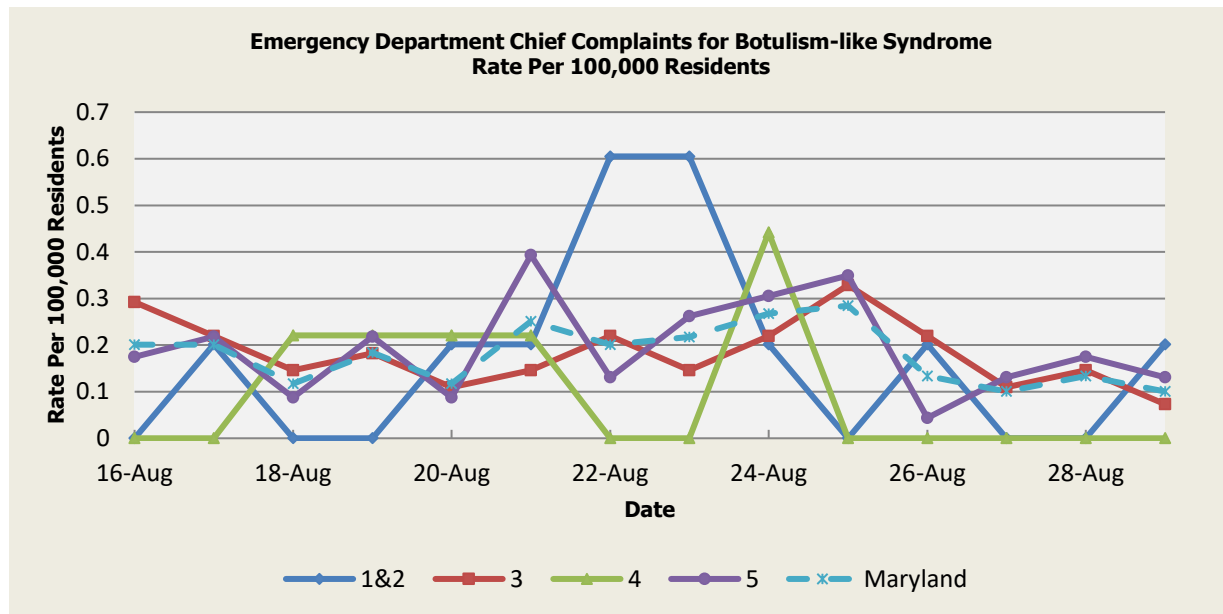
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



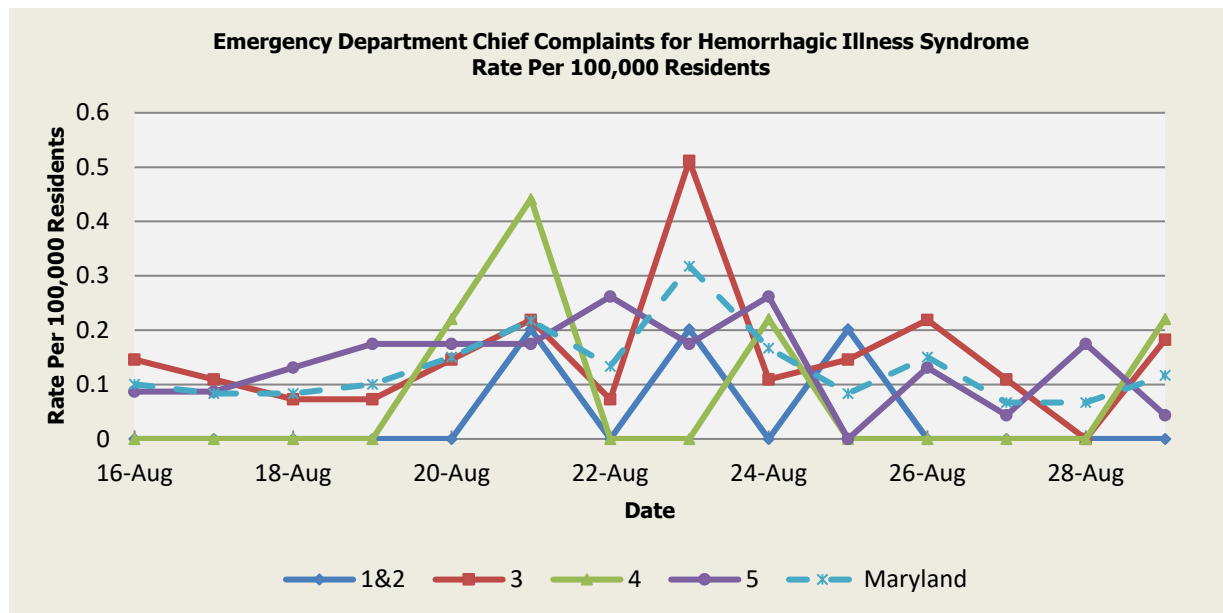
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/16 (Region 3), 8/17 (Regions 1&2,5), 8/18 (Region 4), 8/19 (Regions 4,5), 8/20 (Regions 1&2,4), 8/21 (Regions 1&2,4,5), 8/22 (Regions 1&2), 8/23 (Regions 1&2,5), 8/24 (Regions 1&2,4,5), 8/25 (Regions 3,5), 8/26 (Regions 1&2), 8/29 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



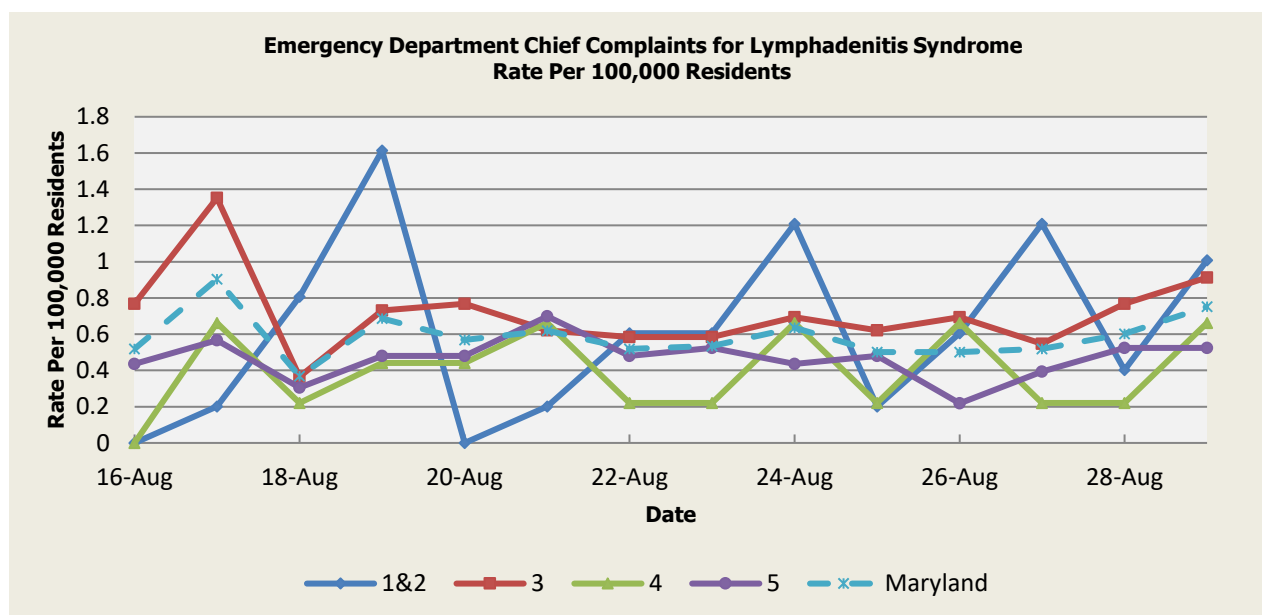
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/20 (Region 4), 8/21 (Regions 1&2,4), 8/23 (Regions 1&2,3), 8/24 (Region 4), 8/25 (Regions 1&2), 8/29 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/17 (Region 3), 8/18 (Regions 1&2), 8/19 (Regions 1&2), 8/24 (Regions 1&2), 8/27 (Regions 1&2), 8/29 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

### **Coronavirus Disease 2019 (COVID-19) Situation Summary**

On March 5<sup>th</sup>, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

### **Confirmed COVID-19 Case Counts in Maryland by County (As of September 4th, 2020)**

<b>County</b>	<b>Number of Confirmed Cases</b>
Allegany	401
Anne Arundel	8,625
Baltimore City	14,692
Baltimore County	15,959
Calvert	807
Caroline	535
Carroll	1,744
Cecil	824
Charles	2,439
Dorchester	473
Frederick	3,562
Garrett	64
Harford	2,586
Howard	4,502
Kent	270
Montgomery	20,399
Prince George's	26,697
Queen Anne's	571
Somerset	203
St. Mary's	1,139
Talbot	484
Washington	1,369
Wicomico	1,614
Worcester	872
<b>Total</b>	<b>110,831</b>

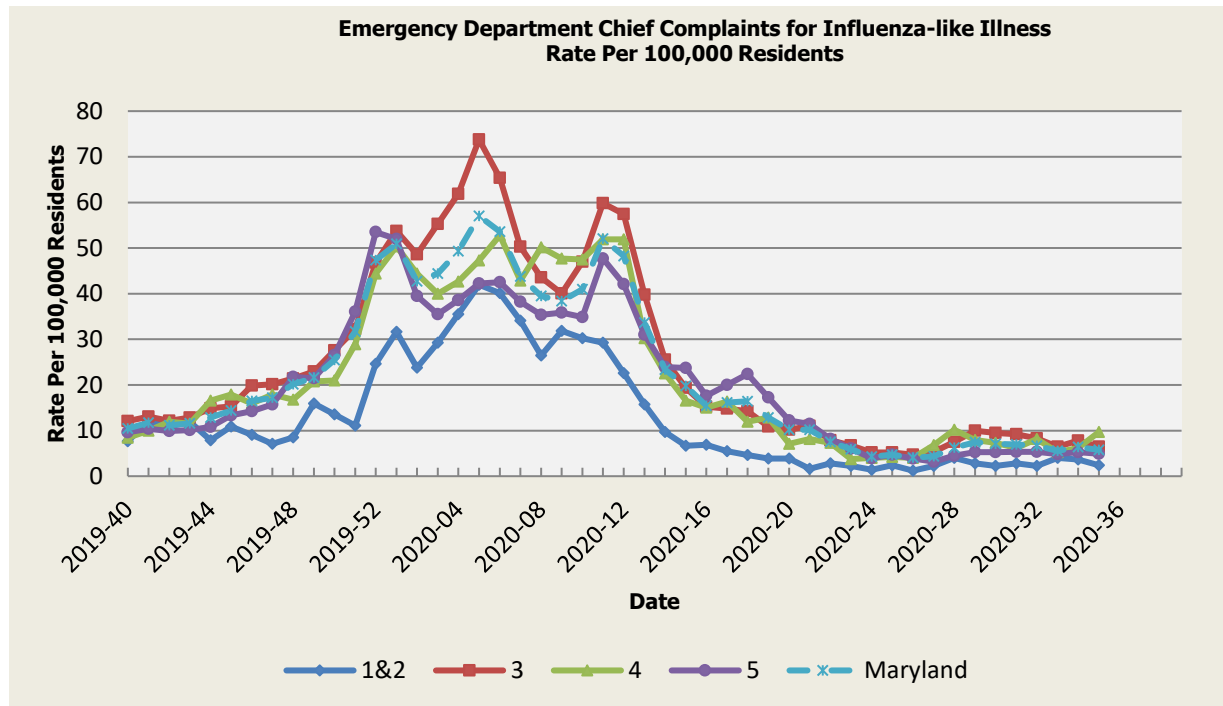
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

### **Influenza-like Illness**

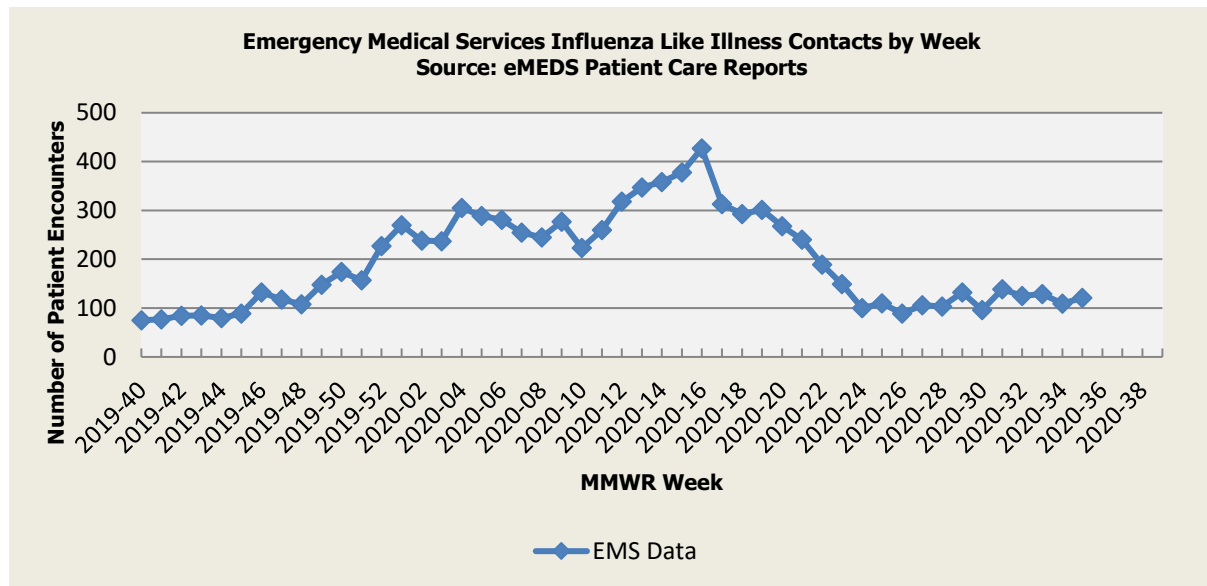


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.37	14.19	13.49	11.99	12.99
Median Rate*	7.66	10.49	9.50	8.93	9.60

\* Per 100,000 Residents

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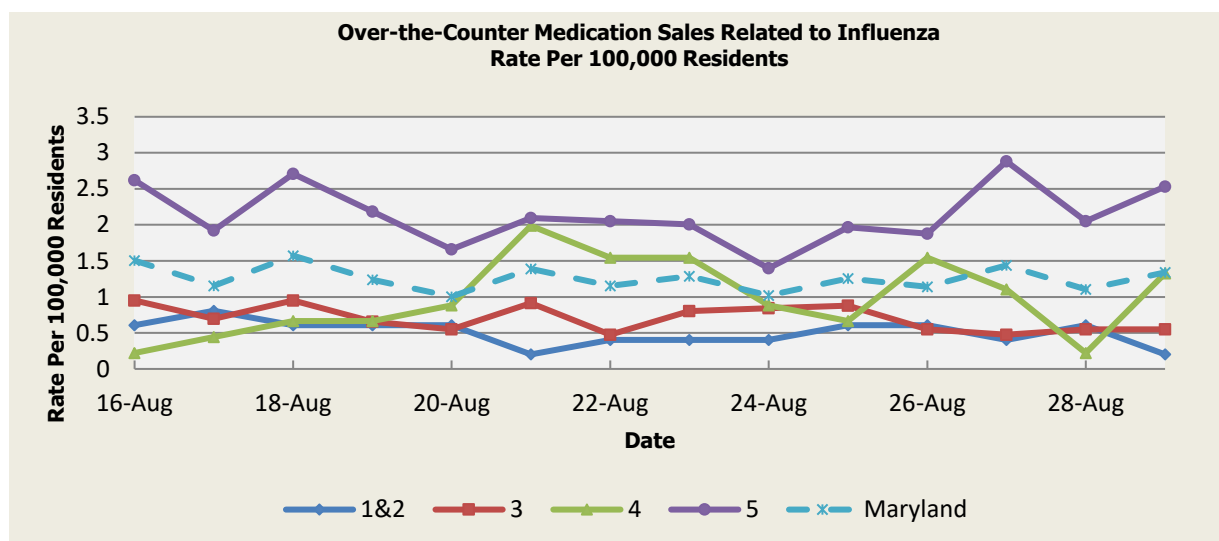
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



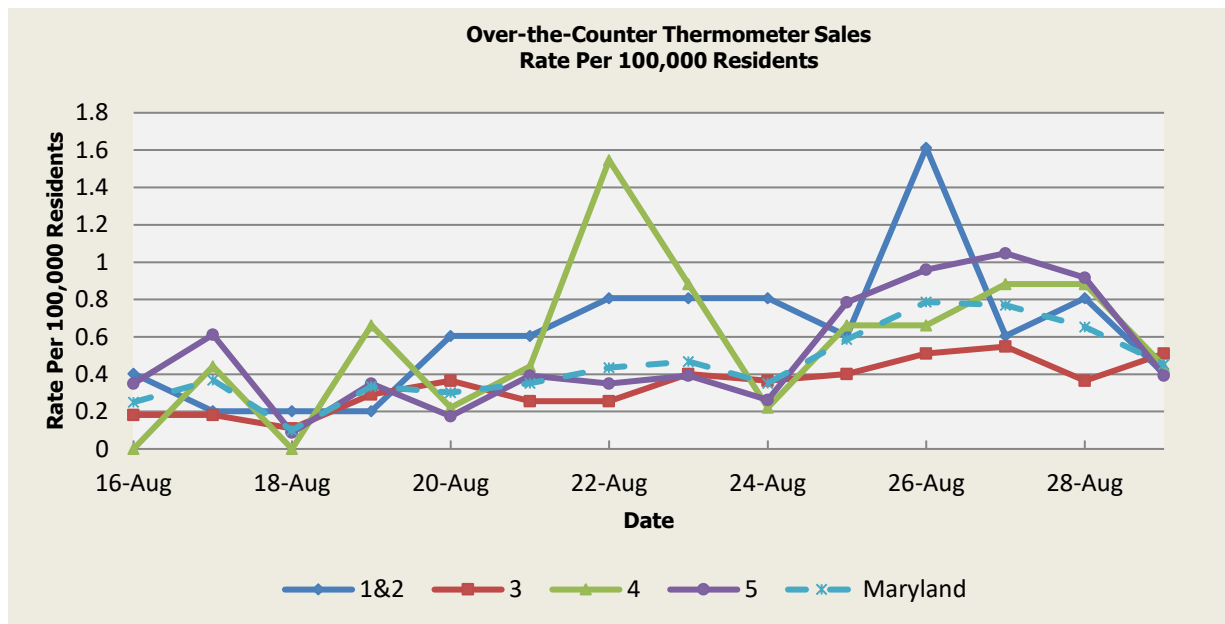
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.31	4.23	2.59	7.57	5.31
Median Rate*	2.62	3.29	2.21	6.85	4.55

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.76	2.62	2.11	3.47	2.92
Median Rate*	2.42	2.56	1.99	3.45	2.93

\* Per 100,000 Residents

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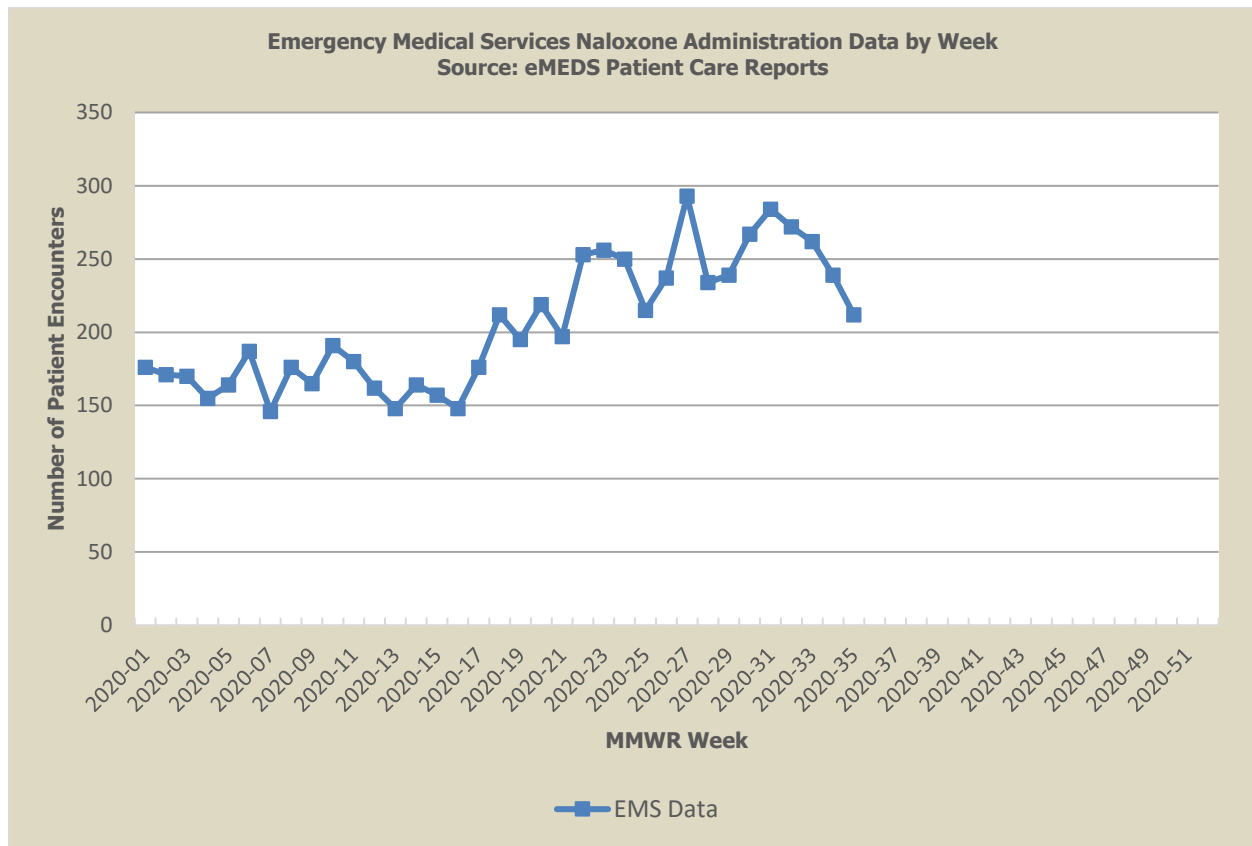
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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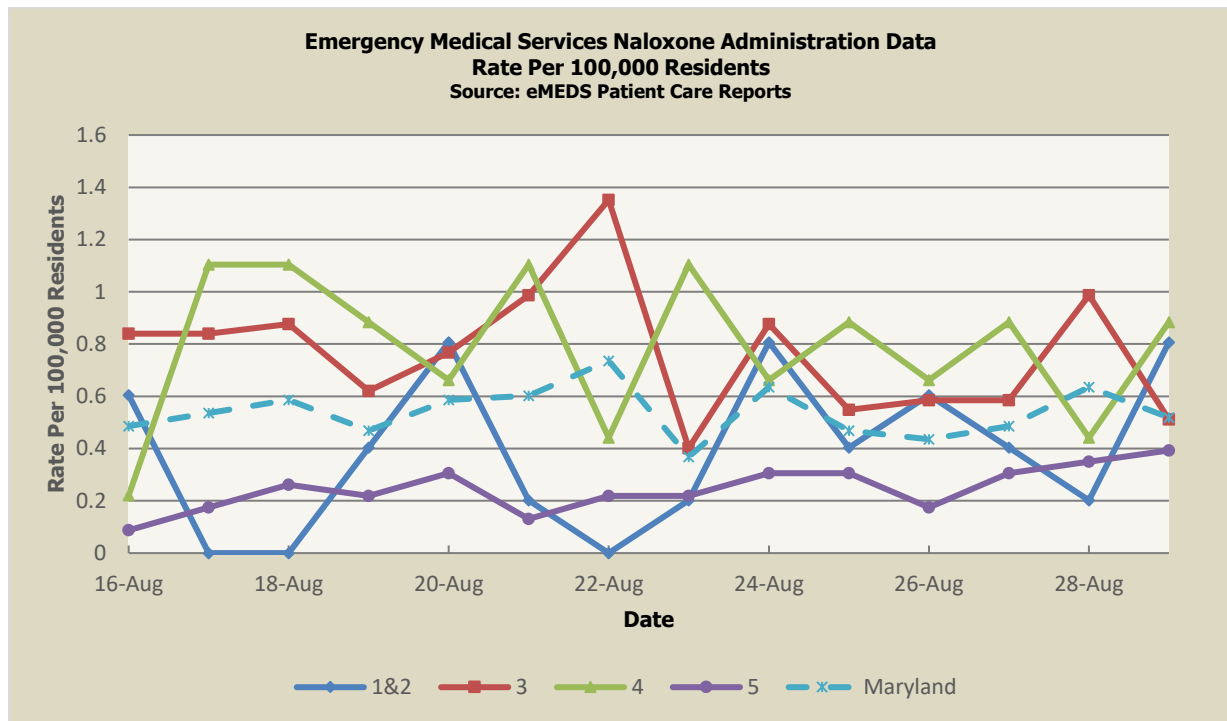
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 4th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

## **AVIAN INFLUENZA**

**AVIAN INFLUENZA (AUSTRALIA)**, 28 August 2020, Thousands of emus and chickens will be killed after an outbreak of bird flu in regional Victoria. Veterinarians from Agriculture Victoria are on the farm in Kerang, 3 hours north of Melbourne, to euthanise the emu chicks. Read More: <https://promedmail.org/promed-post/?id=7723980>

## **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**BOTULISM (VIETNAM)**, 2 September 2020, At least 9 cases of foodborne botulism have been reported in Viet Nam with a link to a brand of pate. All patients have required hospitalization. Read More: <https://promedmail.org/promed-post/?id=7740748>

**ST. LOUIS ENCEPHALITIS VIRUS (TEXAS)**, 30 August 2020, Corpus Christi health officials have found a 2nd mosquito test pool with Saint Louis encephalitis [virus] in the city. Pools were also found in Robstown and Kingsville. Read More: <https://promedmail.org/promed-post/?id=7730462>

**CORONAVIRUS DISEASE-19 UPDATE (380)**, 29 August 2020, The degree of protective immunity conferred by infection with SARS-CoV-2 is currently unknown. Read More: <https://promedmail.org/promed-post/?id=7727737>

## **INTERNATIONAL DISEASE REPORTS**

**CORONAVIRUS DISEASE 2019 UPDATE (377): (GLOBAL)**, 27 August 2020, Evidence is mounting on the diverse neurological presentations associated with COVID-19. Read More: <https://promedmail.org/promed-post/?id=7722191>

**MONKEYPOX (DEMOCRATIC REPUBLIC OF CONGO)**, 2 September 2020, A monkeypox outbreak in the Democratic Republic of Congo (DRC) has claimed 10 lives, while 141 people have been infected so far, local media reported on Tuesday [1 Sep 2020]. Read More: <https://promedmail.org/promed-post/?id=7740114>

**ANTHRAX (ZIMBABWE)**, 1 September 2020, The mysterious deaths of 11 elephants in Zimbabwe may have been the result of bacterial infection, officials say. Read More: <https://promedmail.org/promed-post/?id=7736760>

**EBOLA UPDATE (42) (DEMOCRATIC REPUBLIC OF CONGO)**, 29 August 2020, The World Health Organization (WHO) Africa Region reported 2 additional ebolavirus disease (EVD) cases in Equateur Province, Democratic Republic of the Congo (DRC). This brings the outbreak total to 104 (100 confirmed and 4 probable). Read More: <https://promedmail.org/promed-post/?id=7726782>

**SCRUB TYPHUS (NEPAL)**, 31 September 2020, Five scrub typhus cases have been reported in Darchula District [Sudurpashchim Pradesh province], Nepal. Read More: <https://promedmail.org/promed-post/?id=7732119>

**AFRICAN TRYPANOSOMIASIS (TOGO)**, 31 September 2020, The WHO (World Health Organization) has certified that the country has met all the criteria for eliminating this endemic disease in the country. Read More: <https://promedmail.org/promed-post/?id=7731237>

**STREPTOCOCCUS, GROUP B (SINGAPORE)**, 31 September 2020, The authorities are looking into a recent spike in bacterial infections that were associated with eating raw freshwater fish in the past. Read More: <https://promedmail.org/promed-post/?id=7730790>

**WEST NILE VIRUS (AMERICAS)**, 29 August 2020, California confirms its 4th West Nile virus (WNV) case in 2020. A San Joaquin County horse succumbed to the mosquito borne disease. Read More: <https://promedmail.org/promed-post/?id=7727646>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

### **Prepared By:**

Office of Preparedness and Response, Maryland Department of Health  
300 W. Preston Street, Suite 202, Baltimore, MD 21201  
Fax: 410-333-5000

Peter Fotang, MD, MPH  
Epidemiologist, Biosurveillance Program  
Office: 410-767-8438  
Email: [Peter.Fotang@maryland.gov](mailto:Peter.Fotang@maryland.gov)

Jennifer Stanley, MPH  
Epidemiologist, Biosurveillance Program  
Office: 410-767-2074  
Email: [Jennifer.Stanley@Maryland.gov](mailto:Jennifer.Stanley@Maryland.gov)

Jessica Acharya (Goodell), MPH  
Career Epidemiology Field Officer, CDC  
Office: 410-767-6745  
Email: [Jessica.Goodell@maryland.gov](mailto:Jessica.Goodell@maryland.gov)

## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

